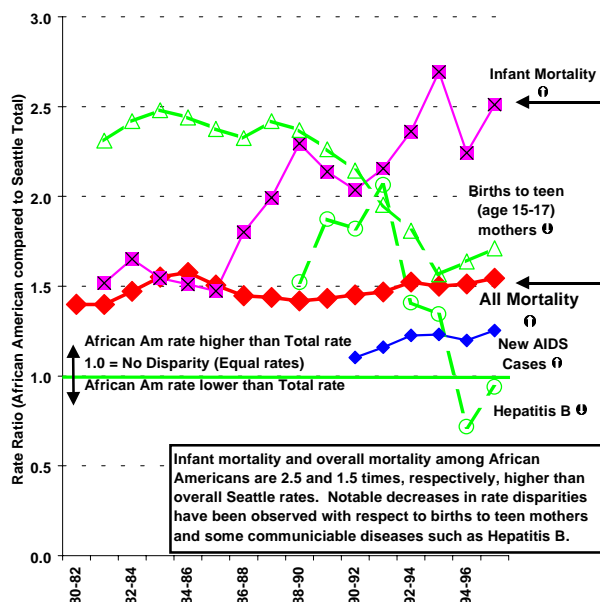


Part I. Population Overview and Health Status of African Americans Living in Seattle

Since 1980, we have witnessed some improvements in the health of African Americans living in Seattle. Unfortunately, this progress has not been consistent over time. Many of the improvements mentioned in this report reflect gains in recent years which occurred after several years of worsening trends in the late 1980s and early 1990s. Many disparities in health indicators between racial and ethnic groups also exist and are documented here. Similar to the overall trends, there are a number of successes observed, yet many serious challenges still remain. Disparities with respect to key indicators such as infant mortality and overall mortality have grown (Figure 1). Eliminating all disparities would result in 153 fewer deaths among African Americans in Seattle annually (Figure 2).

While many of these issues have been highlighted in previous reports, we summarize these findings with emphasis on the health of African Americans living in Seattle, presenting both progress toward better health and new and remaining challenges.

Figure 1. Disparities in health indicators (comparison of health indicators between African Americans and Total for All Seattle), three-year averages, Seattle 1980-97



Sources: Washington DOH. Center for Health Services and STD/TB Services. SKCDPH HIV/AIDS Epidemiology and Prevention Svcs Division.

Health Findings – At a Glance:

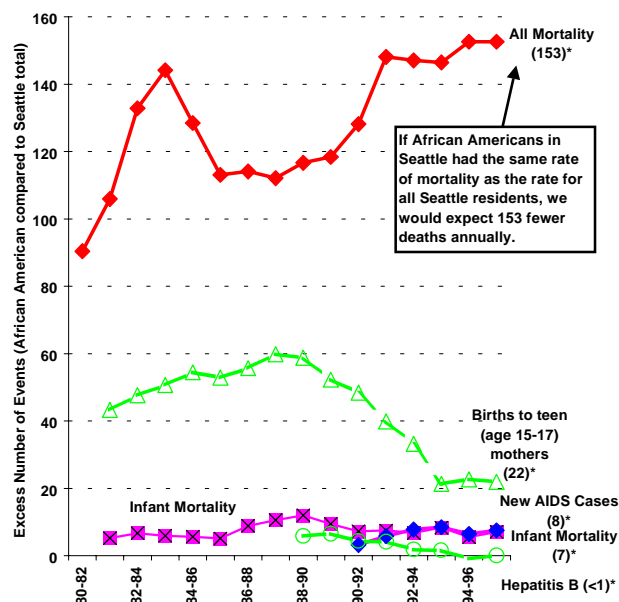
Progress Toward Better Health:

- **Life expectancy** has increased from 69 years in 1980 to 72 years in 1997.
- **Decreasing mortality** due to heart and liver disease, AIDS, homicide and alcohol-related causes.
- **Teen birth rate has decreased and use of prenatal care in the first trimester of pregnancy has increased** to 73% of all births. A significant decrease in infant mortality occurred in early 1990s.
- **No or little disparity with respect to immunizations for children and screening for hypertension, high cholesterol, or women's breast and cervical cancer in Central/SE Seattle.** Significant differences may, however, exist in other parts of Seattle and King County.

Continuing and New Health Challenges:

- **Serious disparities in health indicators continue.** Some disparities have grown (e.g., overall mortality and infant mortality). Eliminating these disparities today would result in 153 fewer deaths among African Americans in Seattle annually.
- **Increase in some rates or risk for serious disease.** Mortality due to diabetes, colorectal cancer, and drug-related causes are increasing. Over half of adults are overweight and many have been told they have high blood pressure or high cholesterol.
- **Poverty.** At least one third of African American children living in King County live in poverty. Adult rates are slightly less, but Seattle rates may be higher.
- **Lack of health insurance.** At least one in five African Americans do not have health insurance.
- **Discrimination when seeking health services.** Nearly one in three adults in Central/SE Seattle report having been discriminated against when seeking health services.

Figure 2. Excess number of health events among African Americans if rates were the same as rates for all Seattle residents, three-year average, 1988-97

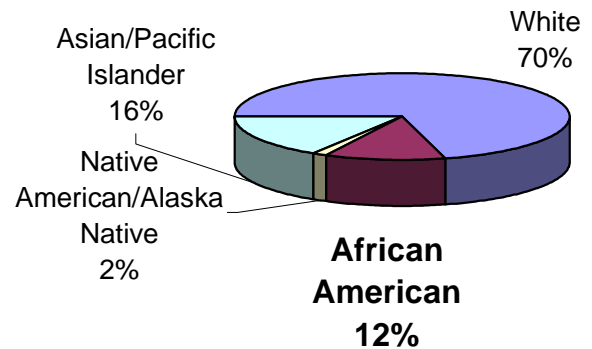


*Number represents the annual number of excess events for the 1995-97 period if African Americans in Seattle had the same rates as all of Seattle.

Overview

- ❖ **Population.** In 1999, African Americans living in Seattle number approximately 63,000 or about 12% of the total Seattle population (Figure 3) and 63% of all African Americans living in King County. African Americans live in all parts of Seattle and King County with higher proportions living in Southeast and Central Seattle (Table 1 and Figure 4).
- ❖ **Cultural Diversity.** The African Americans living in Seattle are not a single community, but a rich and vibrant tapestry of people and cultures. While some have known Seattle all of their lives, many others have moved to Seattle from other parts of the country. Four percent also identify as Latino or Hispanic and an increasing number of residents have immigrated to Seattle from Africa. (At least 6% of residents of African descent living in King County are recent immigrants from Ethiopia, Eritrea, Somalia, and other countries.)

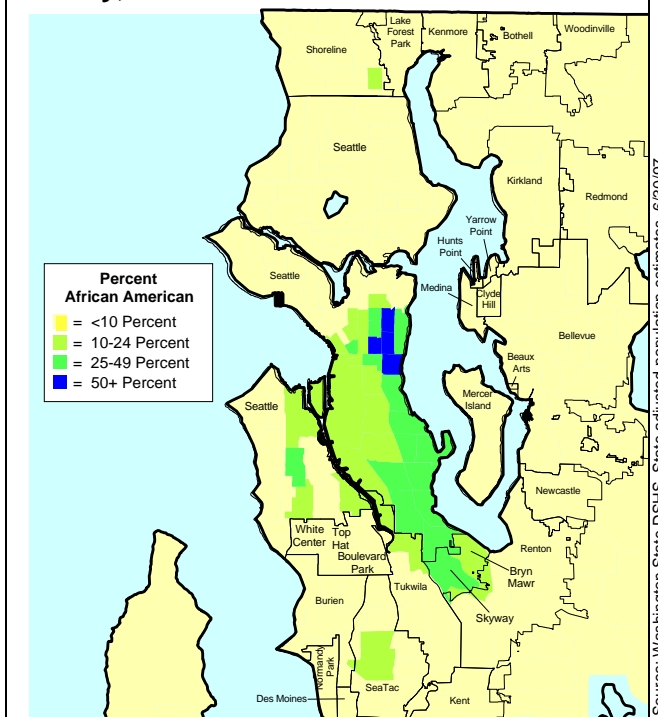
Figure 3. Seattle population by racial and ethnic make up, 1999.



Note: 5% of Seattle residents are also of Latino or Hispanic ethnicity.

Source: Washington State Dept. of Social and Health Services (DSHS), Adjusted Population Estimates, 6/30/97

Figure 4. Percent population that is African American by census tract, Seattle and vicinity, 1999.

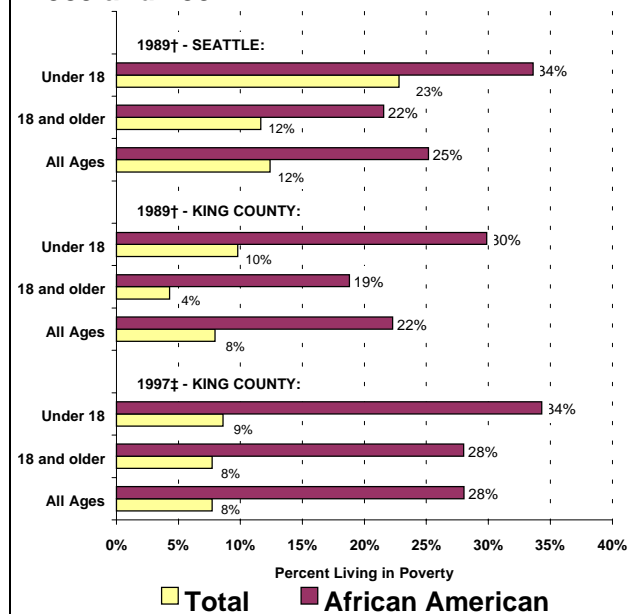


Source: Washington State DSHS. State adjusted population estimates, 6/30/97.

❖ **Economic Well-Being and Education (Table 2 and Figure 5).**

- Census data and surveys conducted as recently as 1998 suggest that over 25% of African Americans in Seattle and King County currently live in poverty compared to 8% for all King County residents (Figure 5). Over one third (34%) of African American children in King County live in poverty. In 1997, more than half (51%) of all African Americans living in King County had incomes less than 200% of poverty compared to one fifth (18%) countywide.
- According to the 1990 census, three quarters of the African American adults (age 25 and older) in Seattle had a high school diploma or equivalent and 10% possessed a four-year college degree. Surveys conducted more recently (1995 and 1998) suggest that educational attainment has increased to 85%-90% of residents having a high school diploma or equivalent and nearly one quarter having a four year college degree. These rates are significantly less than the rates for all King County residents (96% have a high school diploma or equivalent and over 40% have a four year college degree).
- Unemployment for African American adults in Seattle in 1990 was estimated at 12% compared to 5% for all Seattle residents. More recent telephone interview surveys (1995 and 1998), which probably underestimate true unemployment rates, have indicated similar rates.
- Of African American households in Seattle with children, 60% were estimated in 1990 to be headed by a single parent compared to 30% of all households citywide. More recent estimates are not available.

Figure 5. Percent of African Americans living in poverty in Seattle and King County, 1989 and 1997.



†1990 U.S. Census. Household income reflects 1989 income.
‡Washington State Office of Financial Management. State Population Survey. Household income reflects income reported for 1997.

Produced by Seattle-King County Department of Public Health. EPE 3/99

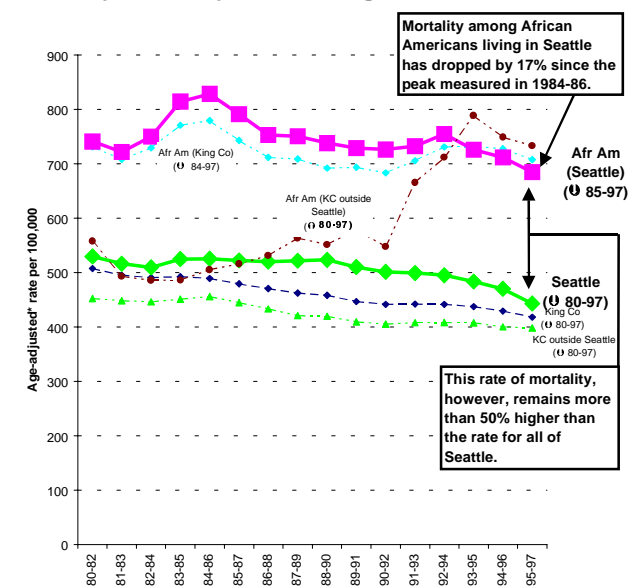
Health Status Indicators

Although information concerning the health of African Americans in Seattle is limited, there are a number of sources which give us some insight. The primary sources of information come from vital statistics records (birth and death certificates), communicable disease reports, and periodic local surveys. Using these data, we are able to assemble a picture concerning cause and occurrence of deaths, maternal and child health, and some communicable diseases such as sexually transmitted disease and AIDS. Survey data, such as the Ethnicity and Health survey conducted in 1995, add to our picture with information concerning access to health services, health-related behaviors and risk factors, and utilization of disease screening measures.

❖ Mortality (Tables 3 and 4)

- Progress Toward Better Health
 - Overall mortality among African Americans in Seattle has decreased 17% since 1984-86 (Figure 6).
 - Life expectancy at birth during this period has increased from 69 years in 1984-86 to 72 years in 1995-97.
 - Mortality due to heart disease and liver disease has decreased since 1980. More recently there have been significant declines in mortality due to AIDS and homicide.
 - Alcohol-related deaths have also steadily decreased since 1980, while a more recent decline is evident with respect to firearm-related fatalities.
 - There have been long-term (since 1980) decreases in mortality for persons age 45 to 64 and more recently (since 1993) for youth and young adults (age 15-24). (Table 4)
- Continuing and New Challenges
 - Overall mortality remains 50% higher than rates for Whites. Similarly, life expectancy for African Americans is nearly 6 years less than the life expectancy for all Seattle residents (Figure 7).
 - The disparity in overall mortality between African Americans and all Seattle residents has increased (Figure 1).
 - Mortality due to some disease are on the increase, most notably due to:
 - Diabetes
 - Colorectal cancer
 - Chronic obstructive pulmonary disease
 - Stroke (trend for Seattle is less clear, but rates have increased significantly countywide since 1990)
 - Homicide remains the leading cause of death for youth and young adults (age 15-24) in the years 1995 to 1997, although this may change soon if rates continue to decline as has been observed in recent years.

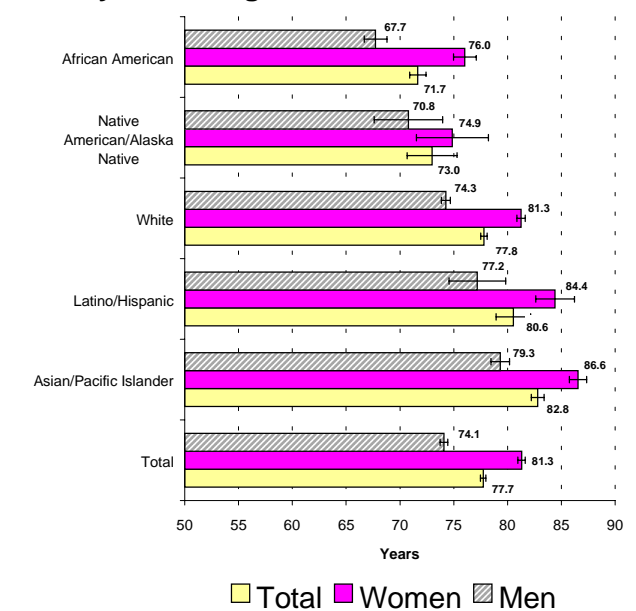
Figure 6. Mortality due to all causes among African Americans living in Seattle and King County, three-year averages, 1980-1997.



* Rates are age-adjusted to 1940 U.S. population.
U Significant decreasing trend.

Source: Washington State Dept of Health, Center for Health Statistics. Produced by SKCDPH Epidemiology, Planning and Evaluation (EPE).

Figure 7. Life expectancy at birth, Seattle, three-year average, 1995-97.

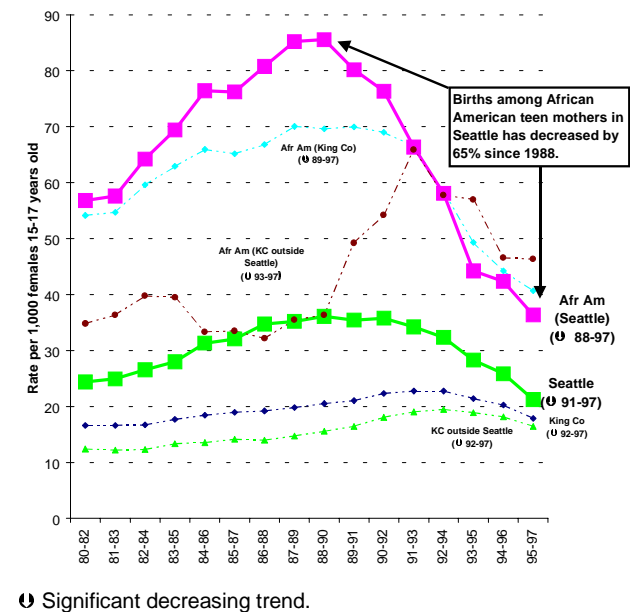


Source: Washington State DDOH, Center for Health Statistics. Produced by SKCDPH, EPE 3/99.

❖ Maternal and Child Health

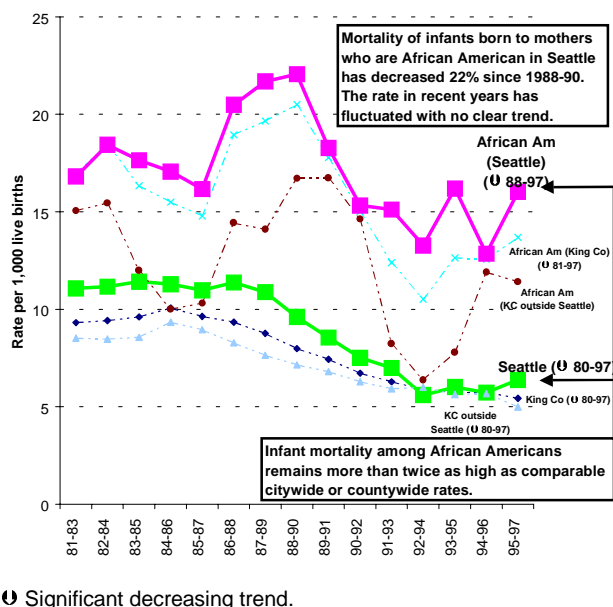
- Progress Toward Better Health
 - Infant mortality has decreased 22% since the 1988-90 period (Table 4 and Figure 8).
 - Several risk factors for poor birth outcomes (Table 5) have decreased notably:
 - Births to teenage mothers have decreased by 65% since 1988 (Figure 9).
 - Nearly three quarters of pregnant women now receive prenatal care in their first trimester (Figure 10).
 - In recent years (1993-97), there has been a steady decrease in smoking and the use of alcohol during pregnancy.
- Continuing and New Challenges
 - Infant mortality remains more than twice as high as citywide rates and the decrease observed in the early 1990s has ceased.
 - Risk factors for poor birth outcomes (Table 5) continue to occur at rates significantly higher than citywide totals.

Figure 9. Births to Seattle teenage mothers (15-17 years) who are African American, three-year averages, 1980-97.



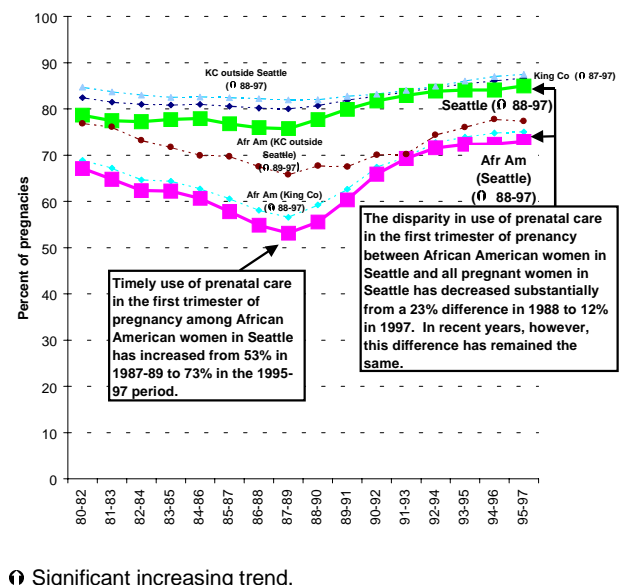
Source: Wa. State DOH. Center for Health Statistics. Produced by SKCDPH EPE.

Figure 8. Infant mortality among children born to mothers who are African American, Seattle, three-year averages, 1981-97.



Source: Wa. State DOH. Center for Health Statistics. Produced by SKCDPH EPE.

Figure 10. Use of prenatal care in the first trimester of pregnancy among mothers who are African American, Seattle, three-year averages, 1980-97.



Source: Wa. State DOH. Center for Health Statistics. Produced by SKCDPH EPE.

❖ **Communicable disease (Table 6)**

- Progress Toward Better Health
 - Communicable disease such as hepatitis A and B and sexually transmitted disease (gonorrhea, syphilis, and chlamydia) have all shown significant declines over the past 10 years.
 - The rate of hepatitis A is significantly lower than the citywide rate.
- Continuing and New Challenges
 - Despite a reduction in differences over the past 10 years, the rates of STD among African Americans living in Seattle remain significantly higher than rates for all residents citywide.
 - Although the incidence of new AIDS cases in Seattle is higher than the rate for all Seattle residents, this difference is not great enough to rule out that these numbers occur by chance. However, the disparity in the rate of new AIDS cases compared to all Seattle residents has grown significantly since 1990.

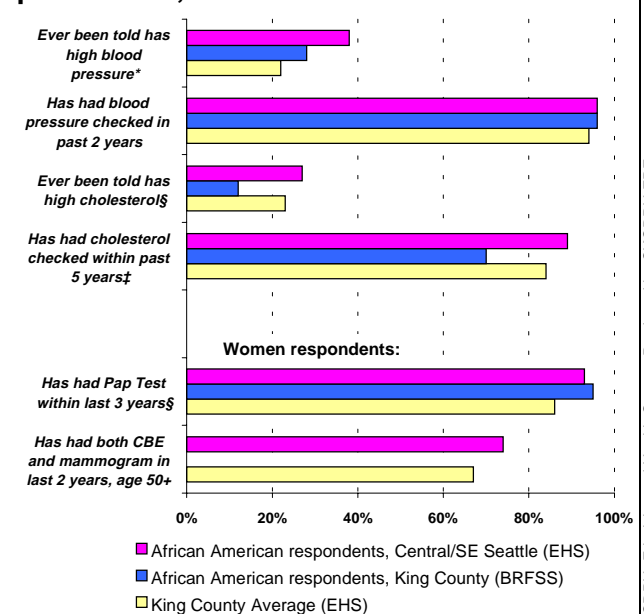
❖ **Access to Health Services, Risk Factors for Disease and Utilization of Disease Screening Measures (Tables 7 and 8).**

- Progress Toward Better Health
 - 1995-96 Ethnicity and Health Survey results among adults (age 18 and older) indicate possibly lower health risk due to:
 - Use of screening measures for high blood pressure/cholesterol (96% reported BP screening in past 2 years and 89% had cholesterol check within 5 years) (Figure 11).
 - Use of cervical cancer screening measures in women (93% had a Pap test in past 3 years).
 - Use of breast cancer screening in women, age 50+ (74% with clinical breast exam and mammogram in past 2 years).
 - Lower rates of alcohol consumption and binge drinking.

➤ Continuing and New Challenges

- 1995-96 Ethnicity and Health Survey results among adults (age 18 and older) in Central and SE Seattle indicate possibly higher than average health risk due to:
 - Specific health factors:
 - ◆ 56% reported weight and height measures currently considered to be overweight (all KC residents: 40%).
 - ◆ 22% of women and over 40% of men reported current smoking (all King County: 17% and 19%, respectively).
 - ◆ 38% reported having been told they have high blood pressure (all KC: 22%).
 - Lower utilization of recommended vaccinations:
 - ◆ 33% of elderly adults (age 65+) reported ever having had a vaccination against pneumonia (all KC: 42%).

Figure 11. Diagnosis of certain medical conditions and recent use of screening procedures, 1995-96.



EHS: * Significant difference compared to King County average. BRFSS: § Significant difference compared to KC ave.; ‡ suggested difference, but not statistically different.

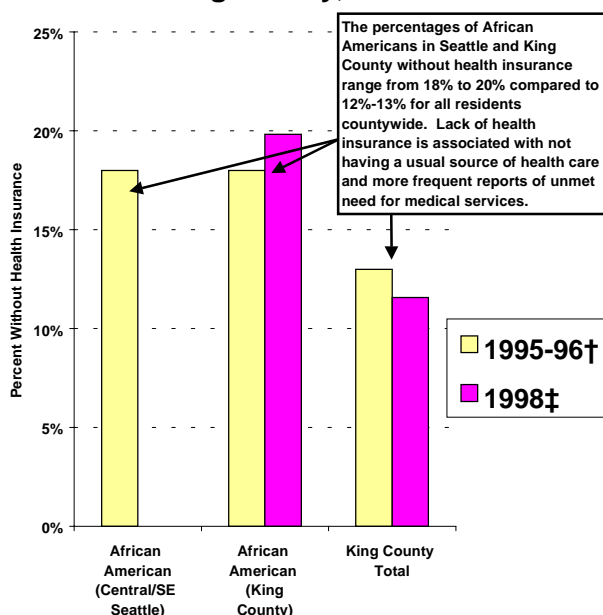
❖ *Access to Health Services, Risk Factors for Disease and Utilization of Disease Screening Measures (Tables 6 and 7).*

➤ Continuing and New Challenges

• Barriers in accessing health services:

- ◆ 18% reported not having any health insurance compared to 13% for all residents in King County (Figure 12) and 81% reported delaying medical treatment in the past 12 months compared to 50% of all King County respondents.
- ◆ 20% reported not receiving needed dental care compared to 8% of all King County residents (Figure 13).
- ◆ 29% believed they had been discriminated against based on their race or ethnicity when seeking health services compared to 3% for all King County residents (Figure 14).

Figure 12. Percent of African Americans (age 18-64) without health insurance in Seattle and King County, 1995 and 1997.



† Seattle-King County Department of Public Health. Ethnicity and Health Survey, 1995-96.
‡ Washington State Office of Financial Management. State Population Survey, 1998.

Figure 13. Unmet health service need in the preceding 12 months among African Americans living in Central/SE Seattle, 1995-96.

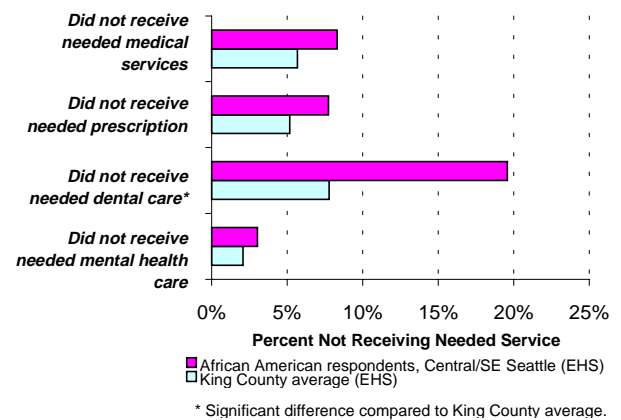
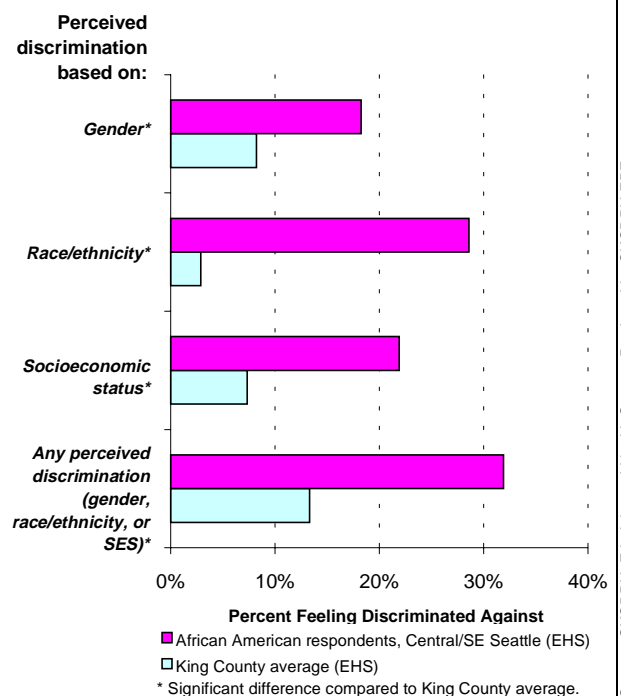


Figure 14. Perceived discrimination among African Americans living in Central/SE Seattle when seeking health services, 1995-96.

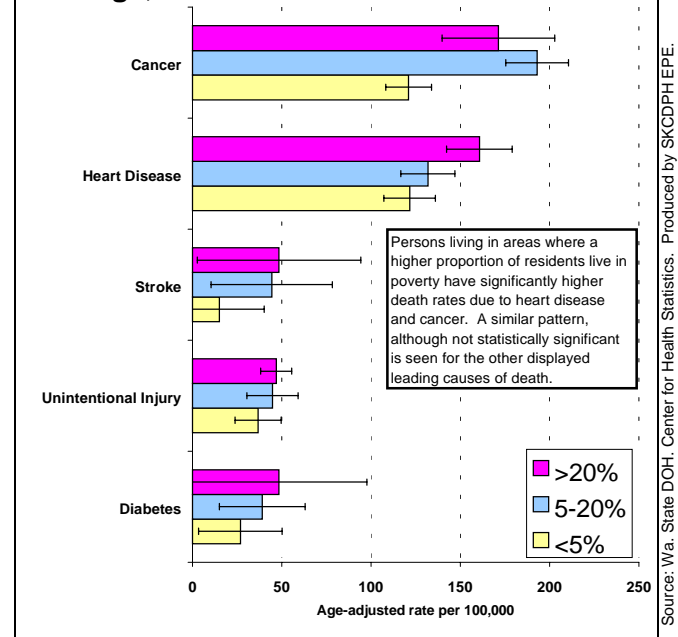


❖ *Other Factors Affecting Health Status.*

In addition to the directly measurable factors described above, there are many other important, but less measurable factors, which affect a person's health or access to health services. Some of these factors include:

- *Economic opportunity and equity.* As previously mentioned, at least one quarter of African Americans in Seattle currently live in poverty. Poverty and economic inequity are major factors related to poor health (Figure 15).
- *Stress due to social or environmental factors* such as being exposed to acts of racism or living in areas with higher crime may impact a person's health directly or indirectly through internalized emotions which may in the long term weaken a person's natural ability to fight disease.
- *Mental health and social support* also play an important role in influencing health and well-being. Appropriate mental health services and a supportive environment of family, friends, and community are significant factors in maintaining good health.
- *Trust or confidence in health system and health services research.* Confidence in the health system may be eroded through historical events such as the Tuskegee syphilis study or through negative personal experiences. These events may lead to distrust or delay in using health services. From the Ethnicity and Health Survey mentioned above, reports of discrimination when seeking health services were strongly associated with a delay in seeking health services. In addition, the significant lack of African American health care professionals and researchers may also reinforce feelings of distrust and lack of confidence in our current health system.
- *Language or cultural factors* may also play an important part in a person's ability to navigate our complex medical system or to understand materials promoting better health. These factors have become increasingly important as the number of Africans and persons of African

Figure 15. Leading causes of death among African Americans in Seattle by percentage of population living in poverty, three-year average, 1995-97.

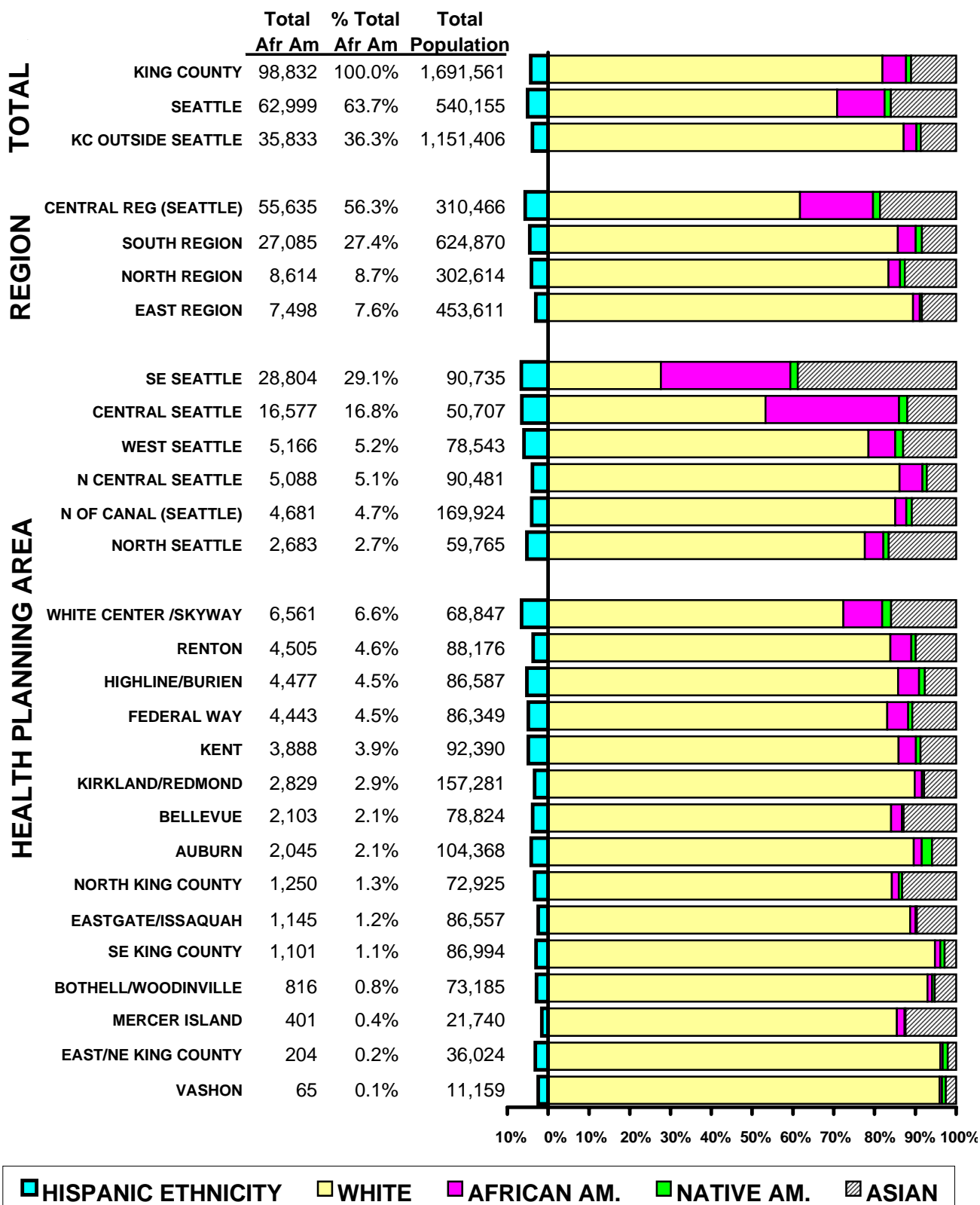


Source: Wa. State DOH, Center for Health Statistics. Produced by SKCDPH EPE.

ancestry immigrating to our area from other countries has grown significantly. In this respect there is a significant lack of trained medical professionals available who are able to address the complex medical, psychological, social and cultural mores impacting health access for African Americans and African immigrants. Few culturally appropriate social marketing methods are utilized to promote education for better personal health and understanding of the health care system.

All of these factors influence an individual's or community's health outlook and need to be taken into consideration as we look to improve the health of African Americans living in Seattle. Additional information concerning the health of African Americans in Seattle and King County may also be found in a number of Health Department publications listed in Table 9.

Table 1. African American population in King County and Health Planning Regions and percent by race/ethnicity, 1999



Source: Washington State DSHS. State adjusted population estimates, 6/30/97.

Produced by: Seattle-King County Department of Public Health, Epidemiology, Planning and Evaluation, 3/99.

Table 2. Poverty, unemployment, educational attainment, and single-parent households among African Americans in Seattle and King County, 1989-1997.

	African Americans			All Residents	
	Central/SE Seattle	Seattle	King County	Seattle	King County
Poverty Status					
Below Poverty					
Under 18 Years					
1989†		33.6%	29.9%	22.8%	7.8%
1997‡			34.3%		8.6%
18 Years and Older					
1989†		21.6%	18.8%	11.6%	7.4%
1997‡			28.0%		7.7%
All Ages					
1989†	23.4%	25.2%	22.3%	12.4%	8.0%
1997‡	-	-	28.0%	-	7.7%
Below 200% of Poverty (Age 18+)					
1989†	-	-	-	28.0%	19.8%
1995§	45.0%	-	43.0%	-	
1997‡	-	-	50.6%	-	18.3%
Unemployment Status					
1990†	12.8%	12.4%	11.3%	4.9%	4.2%
1995§	12.0%	-	8.0%	-	4.0%
1997‡	-	-	8.8%	-	3.1%
Educational Attainment (age 25+)					
High School Diploma or Equiv.					
1990†	74.3%	76.5%	79.0%	86.4%	88.2%
1995§	90.0%	-	90.0%	-	93.0%
1997‡	-	-	86.6%	-	96.1%
4 Year College Degree					
1990†	12.4%	10.2%	15.9%	37.9%	32.8%
1995§	21.0%	-	25.0%	-	47.0%
1997‡	-	-	23.7%	-	45.2%
Single Parent Household					
1990†	62.1%	59.4%	53.2%	29.4%	22.3%

† 1989-90 US Census. Household income reflects income in 1989.

‡ 1997-98. Washington State Office of Financial Management. State Population Survey. Household income reflects income in 1987.

§ 1995. Seattle-King County Department of Public Health. Ethnicity and Health Survey.

Produced by: Seattle-King County Department of Public Health, Epidemiology, Planning and Evaluation, 3/99.

Table 3. Leading causes of death among African Americans in Seattle, three-year average rates, 1995-97.

	African Americans in Seattle					Total for All Seattle Residents					% Rate Difference (African Americans compared to Total)	Trend for African Americans in Seattle	
	Rank	Annual Deaths	% of All Deaths	Age-adjusted* rate	95% Confidence Interval	Rank	Annual Deaths	% of All Deaths	Age-adjusted* rate	95% Confidence Interval		80-97	93-97
All Ages													
ALL CAUSES		439	100%	684.6	(651.3, 717.9)		4883	100%	443.2	(434.9, 451.6)	▲ 54%		
Cancer	1	105	24%	171.9	(153.3, 190.5)	2	1090	22%	113.6	(109.2, 118.0)	▲ 51%		
..Lung Cancer	27	6%	48.9	(38.0, 59.8)		291	6%	31.6	(29.2, 34.0)		▲ 55%		
..Colorectal Cancer	12	3%	18.4	(12.5, 24.3)		107	2%	9.9	(8.6, 11.2)		▲ 86%	⬆	
..Breast Cancer (Women)	11	3%	34.0	(21.8, 46.3)		99	2%	20.5	(17.8, 23.3)		ns		
..Prostate Cancer (Men)	7	2%	25.9	(16.3, 35.5)		64	1%	11.4	(9.7, 13.2)		▲ 127%		
Heart Disease	2	96	22%	145.0	(128.9, 161.0)	1	1316	27%	98.1	(94.4, 101.8)	▲ 48%	⬆	
Stroke	3	30	7%	42.7	(34.0, 51.5)	3	410	8%	24.4	(22.7, 26.1)	▲ 75%		
Unintentional Injury	4	29	7%	45.8	(36.0, 55.6)	6	195	4%	26.9	(24.5, 29.4)	▲ 70%		
Diabetes	5	25	6%	42.1	(32.5, 51.8)	8	132	3%	14.3	(12.7, 15.9)	▲ 194%	⬆	
COPD (Chronic Obstructive Pulmonary)	6	16	4%	23.8	(17.0, 30.7)	4	213	4%	17.7	(16.1, 19.3)	ns	⬆	
AIDS	7	16	4%	24.2	(17.2, 31.2)	7	185	4%	28.2	(25.8, 30.6)	ns		⬆
Homicide	8	11	3%	20.8	(13.7, 27.9)	12	33	1%	6.6	(5.2, 8.0)	▲ 215%		⬆
Pneumonia and Influenza	9	10	2%	14.3	(9.2, 19.4)	5	203	4%	11.5	(10.3, 12.6)	ns		
Suicide	10	6	1%	10.3	(5.5, 15.2)	9	78	2%	12.9	(11.1, 14.7)	ns		
Grouped categories													
Drug-related deaths	-	18	4%	28.3	(20.6, 36.0)	-	62	1%	9.5	(8.0, 10.9)	▲ 198%	⬆	
Firearm deaths	-	12	3%	21.5	(14.4, 28.6)	-	95	2%	15.4	(13.5, 17.3)	ns	⬆	⬆
Alcohol-induced deaths	-	4	1%	8.5	(3.7, 13.2)	-	51	1%	9.4	(7.8, 11.0)	ns	⬆	

* Rates are age-adjusted to the 1940 U.S. population.

▲ Rate among African Americans in Seattle is significantly higher than the rate for all Seattle residents.

⬆ Significantly significant decreasing trend.

⬆ Significantly significant increasing trend.

Source: Washington State Department of Health, Center for Health Statistics.

Produced by: Seattle-King County Department of Public Health, Epidemiology, Planning and Evaluation, 3/99.

Table 4. Leading causes of death among African Americans in Seattle by age groups, three-year average rates (1995-97) with long-term (1980-97) and short-term (1993-97) trends.

	African Americans in Seattle					Total for All Seattle Residents					% Rate Difference (African Americans compared to Total)	Trend for African Americans in Seattle	
	Annual Deaths	% of All Deaths	Rate	95% Confidence Interval		Annual Deaths	% of All Deaths	Rate	95% Confidence Interval			80-97	93-97
Infant Mortality†													
ALL CAUSES	13	100%	17.9 (12.7, 24.41)			40	100%	6.4 (5.29, 7.64)			▲ 180%		
SIDS	5	38%	6.4 (3.51, 10.72)			10	25%	1.6 (1.04, 2.23)			▲ 311%		
Ages 1-14‡													
ALL CAUSES	4	100%	26.5 (13.7, 46.1)			15	100%	18.0 (13.1, 24.2)			ns		
Unintentional Injury	1	25%	6.6 (1.3, 18.7)			3	20%	4.1 (2, 7.5)			ns		
Ages 15-24‡													
ALL CAUSES	12	100%	133.0 (92.8, 185.1)			45	100%	73.5 (61.6, 87)			▲ 81%	↻	↻
Homicide	5	42%	53.2 (29.1, 89.1)			10	22%	16.5 (11.1, 23.5)			▲ 222%	↻	↻
Ages 25-44‡													
ALL CAUSES	56	100%	276.4 (236.3, 321.3)			416	100%	202.7 (191.6, 214.2)			▲ 36%		↻
Unintentional Injury	13	23%	62.1 (44, 85.3)			75	18%	36.5 (31.9, 41.6)			▲ 70%		
Ages 45-64‡													
ALL CAUSES	99	100%	988.3 (879.4, 1107.2)			665	100%	634.7 (607.2, 663.2)			▲ 56%	↻	
All Cancer	31	31%	308.4 (249.1, 377.8)			220	33%	209.6 (193.9, 226.2)			▲ 47%	↻	
Ages 65 and older‡													
ALL CAUSES	255	100%	5771.3 (5369.6, 6195.6)			3703	100%	4791.8 (4703.1, 4881.7)			▲ 20%	↻	
Heart Disease	75	29%	1699.7 (1485.1, 1936.8)			1153	31%	1492.0 (1442.7, 1542.6)			ns		

† Rate per 1,000 live births.

‡ Rate per 100,000 population in age group.

▲ Rate among African Americans in Seattle is significantly higher than the rate for all Seattle residents.

↻ Significantly significant decreasing trend.

↻ Significantly significant increasing trend.

Source: Washington State Department of Health, Center for Health Statistics.

Produced by: Seattle-King County Department of Public Health, Epidemiology, Planning and Evaluation, 3/99.

Table 5. Prevalence of risk factors for poor birth outcomes among African Americans living in Seattle, three-year averages, 1995-97.

Risk Factor	African Americans			Total for All Seattle			% Rate Difference (African Americans compared to Total)	Trend for African Americans in Seattle	
	Number	Percent of Births	95% Confidence Interval	Number	Percent of Births	95% Confidence Interval		80-97	93-97
Low birth weight (<2500 g)	91	12.6%	(11.2, 14.2)	401	6.5%	(6.1, 6.9)	▲ 94%		
Very low birth weight (<1500 g)	20	2.8%	(2.1, 3.6)	63	1.0%	(0.9, 1.2)	▲ 172%		
Preterm birth (<37 wk gestation)	90	16.2%	(14.3, 18.3)	494	10.0%	(9.5, 10.6)	▲ 62%		
Mother 10-17 years of age	56	7.7%	(6.5, 8.9)	157	2.5%	(2.3, 2.8)	▲ 201%	⬇	
Smoked during pregnancy	103	15.3%	(13.6, 17.1)	483	8.4%	(8.0, 8.8)	▲ 82%		⬇
Consumed alcohol during pregnancy	20	3.1%	(2.4, 4.0)	110	2.1%	(1.9, 2.3)	▲ 50%		⬇
Received late (not in 1st trimester) or no prenatal care	47	8.1%	(6.8, 9.6)	233	4.5%	(4.1, 4.8)	▲ 82%	⬇	

▲ Rate among African Americans in Seattle is significantly higher than the rate for all Seattle residents.

⬇ Significantly significant decreasing trend.

⬆ Significantly significant increasing trend.

Source: Washington State Department of Health, Center for Health Statistics.

Produced by: Seattle-King County Department of Public Health, Epidemiology, Planning and Evaluation, 3/99.

Table 6. Incidence of communicable disease among African Americans living in Seattle, three-year averages, 1995-97.

Disease	African Americans in Seattle			Total for All Seattle			% Rate Difference (African Americans compared to Total)	Trend for African Americans in Seattle	
	Annual number	Rate*/100,000	95% Confidence Interval	Annual number	Rate*/100,000	95% Confidence Interval		80-97	93-97
Hepatitis A	8	13.3	(8.5, 20.0)	188	35.2	(32.4, 38.2)	▼ -62%	⬇️	
Hepatitis B	4	6.9	(3.6, 12.1)	36	6.7	(5.5, 8.1)	ns	⬇️	
AIDS	32	56.1	(45.4, 68.6)	280	47.4	(44.3, 50.7)	ns	na	na
Sexually transmitted disease:									
<i>Gonorrhea</i>	309	518.1	(485.3, 552.5)	675	126.2	(120.8, 131.8)	▲ 311%	⬇️	⬇️
<i>Syphilis</i>	17	29.0	(21.7, 38.0)	43	8.0	(6.7, 9.5)	▲ 263%	⬇️	⬇️
<i>Chlamydia</i>	629	1054.0	(1,007.0, 1,102.7)	1620	302.8	(294.3, 311.4)	▲ 248%	⬇️	⬆️

* Rates are unadjusted (crude) for age differences.

▼ Rate among African Americans in Seattle is significantly lower than the rate for all Seattle residents.

▲ Rate among African Americans in Seattle is significantly higher than the rate for all Seattle residents.

⬇️ Significantly significant decreasing trend.

⬆️ Significantly significant increasing trend.

Sources:

Communicable diseases: Seattle-King County Department of Public Health, Prevention Services Division.

AIDS: SKCDPH, HIV/AIDS Epidemiology.

STD: Washington State Department of Health, STD/TB Services.

Produced by: Seattle-King County Department of Public Health, Epidemiology, Planning and Evaluation, 3/99.

Table 7. Respondent demographics, self-perceived health status, access to health care, and risk for personal injury among African Americans living in Central/SE Seattle, Ethnicity and Health Survey, 1995-96.

Indicator	Ethnicity and Health Survey, 1995-96 ¹		African Americans (King County, BRFSS, 1993-97) (n=168) ²	Healthy People 2000 (HP2000) Objective ³
	African Americans (Cent. & SE Seattle) (n=205)	King County Ave. (n=2427)		
Respondent Demographics				
• High School diploma or equivalent	90%	93%	90%	na
• Unemployed	⬆ 12%†	4%	8%	na
• Household income < 200% of poverty	⬆ 45%*	18%	⬆ 43%*	na
Self-Perceived Health Status				
• Rating health as "fair" or "poor"	⬆ 18%†	10%	12%	na
Access to Health Care				
• Without health insurance (18-64)	18%	13%	18%	na
• No usual source of care	✗ 11%	14%	✗ 12%	5% or less
• Delayed medical treatment/past 12 months	⬆ 81%*	50%	na	na
• Not receiving needed health services in the preceding 12 months:				
♦ Medical/surgical services	8%	6%	na	na
♦ Dental care	⬆ 20%*	8%	na	na
• Perceived discrimination when seeking health services based on:				
♦ Gender	⬆ 18%*	8%	na	na
♦ Race/ethnicity	⬆ 29%*	3%	na	na
♦ Socioeconomic status (SES)	⬆ 22%*	7%	na	na
♦ Combined (gender, race/ethnicity and SES)	⬆ 32%*	13%	na	na
Risk for Personal Injury				
• Risk for motor vehicle-related injury				
♦ Does not always use a seat belt	✗ 17%	10%	✗ 19%	15% or less
♦ Child (age<16) of respondent does not always use seat belt/safety seat	✓ 8%	9%	✓ 7%	15% or less
• Risk for bicycle-related injury				
♦ Child (age<16) of respondent does not always use helmet when riding	⬆ ✓ 48%†	27%	✗	50% or less
• Risk for gun-related injury				
♦ Possession of an unlocked gun	⬆ 4%†	10%	⬆ 1%*	na

Note: ✗ Results from categories with fewer than 25 respondents are not reported.

¹ Ethnicity and Health survey data are weighted to 1995 King County population estimates.

Comparisons to King County ave: ⬆ higher/⬆ lower than King County ave.

Statistical difference: *significant; † suggested, but not statistically different.

² Data source: Washington State Dept. of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS). Data are weighted to 1993-1995 pop. estimates.

Comparisons to King County ave: ⬆ higher/⬆ lower than King County ave.

Statistical difference: * significant; † suggested, but not statistically different.

³ Comparison to HP2000 Objective (na = not applicable): ✗ Does not meet objective; ✓ Meets objective.

Table 8. Risk for chronic disease, chronic disease diagnosis and use of screening measures, and vaccinations use among the elderly (age 65+) among African Americans living in Central/SE Seattle, Ethnicity and Health Survey, 1995-96.

Indicator	Ethnicity and Health Survey, 1995-96 ¹		African Americans (King County, BRFSS, 1993-97) (n=168) ²	Healthy People 2000 (HP2000) Objective ³
	African Americans (Cent. & SE Seattle) (n=205)	King County Ave. (n=2427)		
Risk for Chronic Disease				
• Overweight				
♦ HP2000 definition	⦿ × 37%*	21%	× 30%	20% or less
♦ 1998 revised definition	⦿ 56%*	40%	↑ 56%*	na
• Leisure-time physical inactivity/past month				
♦ <i>Not</i> active	× 17%	15%	× 30%	15% or less
♦ Sedentary lifestyle	⦿ 51%†	41%	44%	na
• Does <i>not</i> eat 5 fruits/vegetables daily	× 87%	86%	↓ × 71%†	50% or less
• Current smoker (overall)	⦿ × 31%*	17%	↑ × 34%*	18% or less
♦ Men	⦿ × 42%*	19%	↑ × 45%*	18% or less
♦ Women	× 22%	15%	× 22%	18% or less
• Alcohol use/past month				
♦ Any drinking	55%	63%	57%	na
♦ Binge drinking	13%	21%	↓ 10%†	na
♦ Chronic drinking	6%	6%	↓ 2%†	na
Chronic Disease Diagnosis and Use of Screening Measures				
• High blood pressure (BP)				
♦ Ever told has high BP	⦿ 38%*	22%	28%	na
♦ BP screened/past 2 years	✓ 96%	94%	✓ 96%	90% or more
• High cholesterol				
♦ Ever told has high cholesterol	27%	23%	↓ 12%*	na
♦ Cholesterol tested/past 5 years	✓ 89%	84%	↓ × 70%†	75% or more
• Ever told has diabetes	8%	4%	6%	na
• Women's health screening:				
♦ Had Pap test within past 3 years	✓ 93%	86%	✓ 95%	85% or more
♦ Ever had clinical breast exam (CBE) and mammography (age 40+)	× 79%	83%	× 74%	80% or more
♦ CBE and mammogram/past 2 years (age 50+)	✓ 74%	67%	⌘	60% or more
Vaccinations in Elderly (age 65+)				
• Had flu vaccine within past year	✓ 65%	64%	⌘	60% or more
• Ever had pneumonia vaccine	× 33%	42%	⌘	60% or more

Note: ⌘ Results from categories with fewer than 25 respondents are not reported.

¹ Ethnicity and Health survey data are weighted to 1995 King County population estimates.

Comparisons to King County ave: ⦿ higher/⦿ lower than King County ave.

Statistical difference: *significant; † suggested, but not statistically different.

² Data source: Washington State Dept. of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS). Data are weighted to 1993-1995 pop. estimates.

Comparisons to King County ave: ↑ higher/↓ lower than King County ave.

Statistical difference: * significant; † suggested, but not statistically different.

³ Comparison to HP2000 Objective (na = not applicable): × Does not meet objective; ✓ Meets objective

Table 9. Publications on the health status of Seattle and King County residents produced by the Seattle-King County Department of Public Health.

Publications	Description
General Reports The Health of King County, August 1998	This is a comprehensive report that examines the health status of King County residents between 1980 and 1996. The report included a variety of topics such as life expectancy, infant mortality, chronic diseases, health risk factors, injury and violence, infectious diseases, and mental health. Significant trends and high-risk populations are identified.
The Health of King County, August 1998, Data Watch, Vol. 2, No. 2	An 11-page summary and highlights for the Health of King County report.
The King County Ethnicity and Health Survey, October 1998	Highlights findings of a random telephone survey pertaining to health care access and health behavioral risk factors conducted among King County residents of African American, Latino/Hispanic, Chinese, Filipino, Japanese, Korean, and Vietnamese heritage.
Infant Mortality Healthier Mothers, Healthier Babies: Declining Infant Mortality in King County, August 1996	This is the first report of the findings of the Infant Mortality Review. It is divided into two major parts. Part One provides an overview of trends in infant mortality from 1980-1994 using statistical data from birth and death certificates. Part Two provides more detailed information from a case-by-case review of 247 infant deaths occurring between 1992-1994 in King County.
Infant Mortality in King County: an update, August 1997	The findings of the Infant Mortality Review have been described in the report issued by the IMR Project in August 1996, which contains information on statistical trends in infant death through 1994. This report updates these trends through 1995.
Child, Youth and Family Health Healthy Children, Youth & Families in King County: Data Summary and Planning Guide, June 1995	This report examines key indicators of community strength, family support, and the health status of King County children and youth.
Supporting Youth: King County Teens Talk About Supports in Their Lives, April 1997	This report presents the findings of 24 focus group discussions with youth about the positive, nurturing and supportive forces in their lives. Includes many quotes.
Childhood Asthma Hospitalizations, King County, 1987-1996, Data Watch Vol. 2, No. 1	In this issue of Public Health Data Watch, asthma hospitalizations were analyzed by age group, geographic area of residence, and neighborhood poverty area.
Unintended Pregnancy and Birth, King County, 1993-1996, Data Watch Vol. 3, No. 1	Summarizes local data on unintended pregnancies and births in King County for the years 1993 to 1996. Data on unintended pregnancies and births are reported by geographic area and patterns of unintended birth are examined by maternal age, race, and poverty level. Contraceptive use and measures of stress, support, and risk behavior are also reported.
Teenage Pregnancy Lost Youth: Teen Pregnancy & Birth in King County, 1994	A report that describes the occurrence of pregnancies, births, and abortions among King County adolescents.
Changing Direction: An Update On Teenage Pregnancy and Birth In King County, April 1996	This report updates data from the 1994 report Lost Youth: Teen Pregnancy and Birth in King County and describes the occurrence of pregnancies, births, and abortions among adolescents in King County.
Adolescent Pregnancy, Birth and Abortion September 1997, Data Watch Vol. 1, No. 1	This report is an update on recent trends in adolescent pregnancy, birth, and abortion in King County. It provides 1995 data (the latest year available) and is intended to update last year's report entitled <i>Changing Direction: An Update on Teen Pregnancy and Birth in King County, 1990-1994</i> .
Health of Older Adults Living Longer, Staying Healthy: The Health Status of Older Adults in King County, January 1995	Using vital statistics and behavioral & health survey data, this report looks at the overall health of adults forty-five and older in King County.
Violence Too Many, Too Young: Violence in Seattle & King County, 1994	A comprehensive report examining violence in King County. Highlights violence pertaining to younger adults, firearms, and domestic violence.
Suicide Suicide in King County, January 1996	This report examines the epidemiology of suicide and attempted suicide in King County in terms of high risk groups, geographic distribution and time trend between 1980 and 1994.
Cancer in King County Cancer Deaths in King County, 1994 July 1997	This report examines cancer incidence and death data for all cancers and 13 major cancer sites among King County residents between 1980 and 1994. Cancer risk factors and screening rates are also reported.